

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD002498632			EIN		
Handler Name		Spra-Fin, Inc					
Street	177 Wissahickon Ave						
City	North Wales	State	PA	Zip Code	19454		
Actual Generator Status <i>Check only if different from Notified Status.</i>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Non-Handler <input type="checkbox"/>					
Universe Change Required? <i>(Generator Status Change Required)</i>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).					
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		<i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	CEI	8/22/2007	S	WAB	WM		
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>			8/22/2007	Reclassified SV Date: <i>Only applicable for SNY evaluation type as appropriate.</i>			
Notes:		SQG Inspection - No Violations					
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.			
Does this Evaluation link to a Commitment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
Does this Evaluation link to a 3007 Request?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.			
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)			*Date Determined (mm/dd/yyyy)	

*Required Fields

EPA ID Number				Handler Name			
PAD002498632				Spra-Fin, Inc			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name		Contact					
Street							
City	State	Zip Code					
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):				SQG <input type="checkbox"/>			
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input checked="" type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)		Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.		

*Required Fields

**HAZARDOUS WASTE INSPECTION REPORT**☐ **GENERATOR**☒ **S Q GENERATOR** *Ref: 1647267*Company name Spra-Fin, IncEPA I.D. Number PAD002498632 Employer I.D. Number (EIN) _____Site Address 177 Wissahickon Ave, North WalesCounty Montgomery Municipality Upper Gwynedd Zip 19454Name of Inspector Walt Bair, Solid Waste SpecialistName & Title of Responsible Official George Chittenden, PresidentPerson Interviewed _____ Telephone (215) 588-1011

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU WASTE MANAGEMENT

Inspection ID 1647076

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD002498632
 Site Name: Spra-Fin, Inc
 Address: 177 Wissahickon Ave
North Wales, PA 19454
 Municipality: Upper Gwynedd Twp.
 Responsible Official: _____
 Person Interviewed: _____
 Inspector: Walt Bair
 eFACTS ID #: PF _____ SF _____

Telephone #: 215-588-1011
 Operator Name: _____
 Address: _____
 County: Montgomery
 Title: _____
 Title: _____
 Title: Solid Waste Specialist

Inspection Date: 8 / 22 / 2007 Type: Routine No. of Violations: 0 Time: _____

Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____	lb./mo.
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____	lb./mo.
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____	lb./mo.
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____	lb./mo.

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection August 22, 2007 Identification Number PAD002498632
Company/Facility/Site Name Spra-Fin, Inc

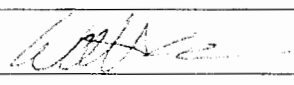

On this date, Solid Waste Specialist Walt Bair and Solid Waste Supervisor Kevin Bauer conducted a hazardous waste generator inspection at this facility. The following observations were made:

- 1) In April 2005, the Department conducted a routine hazardous waste generator inspection at this facility and noted several violations in regards to the storage of hazardous waste. Prior to that inspection, Spra-Fin had ceased operations, failing to properly dispose of hazardous and residual wastes. Due to lack of funding, US EPA contractors performed the remainder of the cleanup and waste disposal. In February 2006, the Department conducted a follow-up inspection and noted several boxes of unused powder coat material deemed to be a residual waste by Spra-Fin officials. Following the February 2006 inspection, a Notice of Violation (NOV) was issued to Spra-Fin noting the following violations:
 - a. Spra-Fin failed to dispose of its containers of waste powder coatings, a residual waste, within one (1) year of generation. This is contrary to 25 Pa Code Section 299.113(a).
 - b. By failing to remove containers of residual waste within one (1) year of its generation, Spra-Fin has, in effect, disposed of residual waste without first obtaining a permit from the Department This is contrary to 25 Pa. Code Section 287.101(a).
- 2) On August 9, 2007, the Department was notified that all waste material had been removed from the site by Hukill Chemical Corporation.
- 3) During today's inspection, a walk around of the site, trailers and building was conducted. All of the waste observed during previous inspections has been removed from this site. A copy of the manifest indicates that Hukill Chemical removed waste from the site on July 23, 2007. The waste was taken to Hukill Chemical Corporation in Bedford, Ohio for disposal. ***Thus correcting violations (a) and (b) from above.***
- 4) This facility is no longer in operation and therefore is not a generator of residual or hazardous wastes.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)  Date 8/22/07
Inspector (signature)  Date 8/22/07

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number P A C E S Q G	2. Page 1 of 1	3. Emergency Response Phone (267) 718-8320	4. Manifest Tracking Number 000287827 FLE
5. Generator's Name and Mailing Address Spra-Fin, Inc. Wissahickon Ave. North Wales, PA 19454-		Generator's Site Address (if different than mailing address) Spra-Fin, Inc. Wissahickon Ave. North Wales, PA 19454-			
6. Transporter 1 Company Name Hukill Chemical Corporation		U.S. EPA ID Number OHD001926740			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address Hukill Chemical Corporation 7013 Krick Road Bedford, Ohio 44146- Facility's Phone: (440) 232-9400		U.S. EPA ID Number OHD001926740			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No	Type	12. Unit Wt./Vol.
		Batteries, Wet, Filled with Acid, 8, UN2794, PGIII	01	CF	7000 P
		Powder Coating Residue non regulated per 40 & 49 CFR	06	CF	3000 P
14. Special Handling Instructions and Additional Information: ERG154 P#18463 P#18464 HCC 1D78562					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offers Printed/Typed Name Chet Surge		Signature <i>[Signature]</i>		Month Day Year 7 23 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name STEVE JONES		Signature <i>[Signature]</i>		Month Day Year 07 23 07	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
18. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H141		2. H141		3. 4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a.					
Printed/Typed Name Paul B Murgolis		Signature <i>[Signature]</i>		Month Day Year 7 25 07	

SEP 01 2006

March 2006

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number	PAD0002498632			EIN	
Handler Name	Spru- Fin, Inc.				
Street	177 Wissa Hickson Ave				
City	North Wales	State	PA	Zip Code	19454
Actual Generator Status	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>				
Universe Change Required? (Generator Status Change Required)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
Other Facility Information Changes?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
*EVALUATION	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete You must provide an Evaluation Identifier (also known as the Sequence Number).				

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
001	CET	2/10/06	S	CSF	Wm
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			2/10/06	Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.	

Notes:

Evaluation Indicator Field (Check all that apply)					
<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Multimedia Inspection	<input type="checkbox"/> Sampling	<input type="checkbox"/> Not Subtitle C		
Focused Coverage Areas (Use Only for Evaluation Type FCI)					
Regulation-Specific FCI					
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CEI <input type="checkbox"/>	INC <input type="checkbox"/>	LDR <input type="checkbox"/>	PTB <input type="checkbox"/>
THI <input type="checkbox"/>	UIG <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/>	OTHER (specify): _____	
Routine/Standardized FCI					
CAR <input type="checkbox"/>	CPC <input checked="" type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/>	IEI <input type="checkbox"/>	RTI <input type="checkbox"/>

Does this Evaluation Add/Update/Delete a Violation?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields

SC filed in
real section

(P)

EPA ID Number	Handler Name
PA D002498632	Spru- Fine, Inc

VIOLATIONS SECTION

(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION	<input type="checkbox"/> Add	<input checked="" type="checkbox"/> Update	<input type="checkbox"/> Delete	Link to Above Evaluation	<input type="checkbox"/> 0
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
7	262.A	S	4/14/05	<input type="checkbox"/> 0 A RTC Qualifier is required if entering an Actual RTC Date.	2/10/06
Notes:					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, fill in information below
Citation Type	Citation	Citation Type	Citation

VIOLATION	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Update	<input type="checkbox"/> Delete	Link to Above Evaluation	<input type="checkbox"/> 0
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
8	262.A	S	4/14/05	<input type="checkbox"/> 0 A RTC Qualifier is required if entering an Actual RTC Date.	2/10/06
Notes:					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, fill in information below
Citation Type	Citation	Citation Type	Citation

HANDLER SECTION (Fill out if RCRA Non-Notifier)

Handler Name	Contact
Street	
City	State Zip Code
County	

UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)

i. Indicate the Facility's current Universe(s):		
ii. Indicate the new RCRAInfo Generator Universe: Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.		
<div style="display: flex; justify-content: space-around;"> <div>LQG <input type="checkbox"/> Non-Handler <input type="checkbox"/></div> <div>SQG <input type="checkbox"/> Closed <input type="checkbox"/></div> <div>CEG <input type="checkbox"/></div> </div>		
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)	Transporter <input type="checkbox"/> If the transporter box is checked, you must check at least one mode of transportation below: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number		Handler Name			
PAD0002498032		Spray-Fing Inc			
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/> 4
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
14	262.A	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/> 5
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
12	262.A	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/> 6
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
6	262.A	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number		Handler Name			
PAD002498632		Spray-Fin, Inc.			
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete			Link to Above Evaluation <input type="checkbox"/> 4		
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
9	262.C	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete			Link to Above Evaluation <input type="checkbox"/> 4		
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
16	262.C	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete			Link to Above Evaluation <input type="checkbox"/> 4		
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
10	262.A	S	4/14/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number		Handler Name			
PAD002498632		Spray-Fin, Inc.			
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input checked="" type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
11	262.B	S	4/11/05	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	2/10/06
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below
Citation Type		Citation		Citation Type Citation	



EVALUATION - VIOLATION FORM

*EPA ID Number	PAD 002490632	EIN	
Handler Name	Spru-En, Inc.		
*Street	177 Wissahickon Ave.		
*City	North Wales	*State	PA
*Zip Code	19454		

Actual Generator Status <small>Check only if different from Notified Status</small>	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/> HW Transporter <input type="checkbox"/>
Generator Status Change Required?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Generator Status Change Section (on reverse side of this form).
RCRA Non-Notifier?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).
Other Facility Information Changes	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).

*EVALUATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			
*Type	*Date (mm/dd/yyyy)	*Agency	*Responsible Person	Branch
CEI	2/10/2006	S	CSF	Waste
SNY <input type="checkbox"/>	SNN <input type="checkbox"/>	Comments:		
<small>Check only if making a SNC determination. If checked, do not fill in the Evaluation Type field.</small>		Seq No.: <input type="text"/>		

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S	7	FR	40 CFR 262.11
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
4/14/2005	Waste	CSF	<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.
Comments: <u>Waste determined to be hazardous and removed</u>			RTC Actual Date (mm/dd/yyyy)
			2/10/2006
			Seq. No.: <input type="text"/> 7

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S	8	FR	40 CFR 262.34(a)(4)
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
4/14/2005			<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.
Comments: <u>Waste removed by late 2005</u>			RTC Actual Date (mm/dd/yyyy)
			2/10/2006
			Seq. No.: <input type="text"/> 8

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S		FR	40 CFR 262.34(a)
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
4/14/2005			<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.
Comments: <u>Waste removed</u>			RTC Actual Date (mm/dd/yyyy)
			2/10/2006
			Seq. No.: <input type="text"/> 14

EPA ID Number	PAD 062498632	Handler Name	Spta-Fin, Inc.	
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation	
S		FR	40 CFR 265.173(b)	
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/14/2005	Waste	CSF	<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.	2/10/2006
Comments: <u>Leaking waste containers removed</u>				Seq. No.: <u>12</u>

VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation	
S	6	FR	40 CFR 265.174	
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/14/2005			<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.	2/10/2006
Comments: <u>= waste removed -</u>				Seq. No.: <u>6</u>

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? (Y/N)			If Yes, fill in information below		
Seq No.	*Regulation Citation (Type + Citation) (ex., FR 262.1)	*Agency	*Area	*Date Determined (mm/dd/yyyy)	

HANDLER SECTION (Must be Completed if Handler is a RCRA Non-Notifier)					
Handler Name					
Contact					
Street					
City		State		Zip Code	
County					

GENERATOR STATUS CHANGE SECTION (Complete Only if Generator Status Change is Required)			
i. Indicate the Current Notified RCRA Info Generator Status:			
ii. Indicate the Actual Generator Status: <small>Note: Facilities who are required to notify MUST STILL submit a Notification Form</small>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>	
iii. Indicate the New Transporter Status: <small>(Fill out only if the facility requires a transporter status change)</small>	Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Highway <input type="checkbox"/> Rail <input type="checkbox"/> Other		Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRA Info as a transporter AND no longer transports hazardous waste.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

Additional VIOLATIONS
(Attach to Evaluation – Violation Form)

EPA ID Number		Handler Name	
PAD 002498632		Spru- Fin, Inc.	
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input checked="" type="checkbox"/>
Agency <div style="border: 1px solid black; padding: 2px; text-align: center;">S</div>	Area <div style="border: 1px solid black; padding: 2px; text-align: center;">9</div>	Regulation Type <div style="border: 1px solid black; padding: 2px; text-align: center;">FR</div>	Regulation Citation <div style="border: 1px solid black; padding: 2px;">40 CFR 262.34 (a) (2)</div>
Date Determined (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">4/14/2005</div>	Branch <div style="border: 1px solid black; padding: 2px;">Waste</div>	Person <div style="border: 1px solid black; padding: 2px;">CSF</div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date. </div>
Comments: Accumulation date determined; waste removed			RTC Actual Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">2/10/2006</div> Seq. No: <div style="border: 1px solid black; padding: 2px; text-align: center;">9</div>
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input checked="" type="checkbox"/>
Agency <div style="border: 1px solid black; padding: 2px; text-align: center;">S</div>	Area <div style="border: 1px solid black; padding: 2px; text-align: center;">16</div>	Regulation Type <div style="border: 1px solid black; padding: 2px; text-align: center;">FR</div>	Regulation Citation <div style="border: 1px solid black; padding: 2px;">40 CFR 262.34 (a) (3)</div>
Date Determined (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">4/14/2005</div>	Branch <div style="border: 1px solid black; padding: 2px;"></div>	Person <div style="border: 1px solid black; padding: 2px;"></div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date. </div>
Comments: Labels attached; waste removed			RTC Actual Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">2/10/2006</div> Seq. No: <div style="border: 1px solid black; padding: 2px; text-align: center;">16</div>
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input checked="" type="checkbox"/>
Agency <div style="border: 1px solid black; padding: 2px; text-align: center;">S</div>	Area <div style="border: 1px solid black; padding: 2px;"></div>	Regulation Type <div style="border: 1px solid black; padding: 2px; text-align: center;">SS</div>	Regulation Citation <div style="border: 1px solid black; padding: 2px;">SWMA 6018.403(b)</div>
Date Determined (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">4/14/2005</div>	Branch <div style="border: 1px solid black; padding: 2px;"></div>	Person <div style="border: 1px solid black; padding: 2px;"></div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date. </div>
Comments: Waste identified - removed			RTC Actual Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">2/10/2006</div> Seq. No: <div style="border: 1px solid black; padding: 2px; text-align: center;">10</div>
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input type="checkbox"/>
Agency <div style="border: 1px solid black; padding: 2px; text-align: center;">S</div>	Area <div style="border: 1px solid black; padding: 2px; text-align: center;">5</div>	Regulation Type <div style="border: 1px solid black; padding: 2px; text-align: center;">SR</div>	Regulation Citation <div style="border: 1px solid black; padding: 2px;">25 PA Code 262a.20</div>
Date Determined (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">4/14/2005</div>	Branch <div style="border: 1px solid black; padding: 2px;"></div>	Person <div style="border: 1px solid black; padding: 2px;"></div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date. </div>
Comments: - Waste Removed -			RTC Actual Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">2/10/2006</div> Seq. No: <div style="border: 1px solid black; padding: 2px; text-align: center;">11</div>



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date Feb 10 2006

Time Start _____

Time Finish _____

EFACTS 1521632 EPA
HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name Spra-Fin, Inc.EPA I.D. Number PAD 002498632 Employer I.D. Number (EIN) _____Site Address 177 Wissahickon Ave. North Wales, PACounty Montgomery Municipality Upper Merion Township Zip 19454Name of Inspector Charles FeesName & Title of Responsible Official George Chittenden, PresidentPerson Interviewed _____ Telephone (215) 588-1911

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: not Pounds _____ Kgsdetermined**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	<u>- Clean up ongoing -</u>	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spra - Fin ID Number _____ Date 2-10-2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Spra-Fin ID Number _____ Date 2-10-2006
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU WASTE MANAGEMENT

Inspection ID 1521638

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD 002498632
 Site Name: Spra-Fin, Inc.
 Address: 177 Wissahickon Ave.
North Wales PA 19454
 Municipality: Upper Merion Twp.
 Responsible Official: George Chittenden
 Person Interviewed: _____
 Inspector: Charles Fees
 eFACTS ID #: PF _____ SF _____

Telephone #: 215 588-1011
 Operator Name: _____
 Address: _____
 County: Montgomery
 Title: President
 Title: _____
 Title: SWS

Inspection Date: 2/10/2006 Type: _____ No. of Violations: -1- Time: _____

Waste Description: <u>Waste Powder Coating</u>	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: _____
Type of Storage: <input checked="" type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility <u>Not Yet Disposed</u>	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	

Page 4 of 9☐ White - Operator☐ Yellow - Regional Copy

Site Name Spra-Fin, Inc.
ID Number _____
Date 2-10-2006

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

Page 5 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 2-10-2006 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Introduction

On this date, Charlie Fees and Myron Suchodolski of the PA DEP conducted a hazardous and residual waste generator inspection. George Chittenden granted access.

Background

Spra-Fin, Inc., a job shop that spray painted customer parts, had ceased painting activities prior to the Department's original inspection of 4-14-2005. Inspection showed that this company failed to dispose of its hazardous and residual wastes. I saw several hundred containers (various sizes) of hazardous and non-hazardous wastes in the form of powder coating, paints, thinners, and acids. The inspection of 4-14-2005 was performed jointly with Nick Brescia of the EPA.

The Department issued a Notice-of-Violation ('NOV') to Spra-Fin, Inc. May 24, 2005. The NOV was issued to George Chittenden, President, who was the sole remaining officer.

Citing lack of funds, George Chittenden completed only approximately one-half of the cleanup. The EPA, thru its contractors, performed the remainder of the clean up and waste removal.

Inspection, 2-10-2006

During today's inspection, we saw that most of the wastes have been removed from the site. This included the following wastes first observed during the inspection of 4-14-2005:

- a) Approximately 250 cans (1 to 5 gallons) of paints, thinners, and related substances stored in a dilapidated trailer near the railroad tracks in back of the building
- b) Approximately 50 containers of similar materials, stored in a trailer in front of, and to the east, of the building.
- c) Approximately 10 containers of unused chemicals, including a mixture of hydrofluoric acid, phosphoric acid, and diethylene glucol butyl ether, stored inside the building.
- d) Approx. 70 blue, metal, 55-gallon drums containing powder coating, stored outdoors in the fenced area.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

mailed
Charlie Fees

Date

3-15-2006

Inspector (signature)

Date

2-10-2006Page 6 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 2-10-2006 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

(Inspection, continued...)

However, we saw waste remaining on site in the form of ten (10) boxes of unused powder coat material. This waste was located in a storage trailer just west of the building.

George Chittenden said that this powder coat material was originally scheduled to be transported to "Montgomery Powder Coating" (MPC), located in Red Hill, Montgomery County. However, MPC itself also shut down at the end of 2005, and Mr. Chittenden said that he no longer has access to the building.

Mr. Chittenden was not able to definitely say when he could remove this last remaining powder coat waste from the former Spra-Fin Company.

Conclusion

Spra-Fin, Inc. has corrected most of the hazardous and residual waste violations observed during the inspection of 4-14-2005 (see next page). However, this company remains in violation of the following regulation until the last remaining powder coat waste has been removed and disposed of at a permitted disposal facility:

25 PA Code 287.101(a) "Disposal of Residual Waste without a permit"

We discussed the results of this inspection with George Chittenden prior to our departure.

Note: George Chittenden said that he accepts correspondence at the following address:

George Chittenden
P.O. Box 141
Red Hill, PA 18076
(215) 588-1011

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____

mailed

Date

3-15-2006

Inspector (signature) _____

[Signature]

Date

2-10-2006

Page 7 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 2-10-2006 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Addendum

Based on today's inspection at Spra-Fin, Inc., and based on the fact that all of the hazardous waste has been removed from this facility, the following regulatory violations, first observed on 4-14-2005, are now considered corrected:

- 40 CFR 262.12 "Hazardous waste determination"
- 40 CFR 262.34(a) "Generator (hazardous) waste accumulated on site for 90 days or less"
- 40 CFR 262.34(a)(4) "Preparedness, prevention, and contingency (PPC) plan developed and implemented"
- 40 CFR 265.173(b) "Containers managed to prevent leaks"
- 40 CFR 265.174 "Container storage areas inspected weekly"
- 40 CFR 262.34(a) "Containers marked with an accumulation date..."
- 40 CFR 262.34(a)(3) "Containers labeled 'hazardous waste'."
- SWMA 6018.403(b)(2) "Containers labeled to accurately identify contents"
- 25 PA Code 299.113(a) "All residual waste stored less than 1 year"
- 25 PA Code 299.121(d) "Containers of residual waste labeled properly"
- 40 CFR 262.20(a) "Manifest used to document the transportation of hazardous waste to an offsite treatment, disposal or storage facility".
- 40 CFR 262.40(a) "Manifests retained for a minimum of 3 years."

The following violation is still outstanding:

25 PA Code 287.101(a) "Disposal of Residual Waste without a permit"

It is recommended that Spra-Fin remove its waste powder coating, and dispose of the waste at a facility that is permitted to accept this waste.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed Date 3-15-2006Inspector (signature) Charles J. Lee Date 2-10-2006

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 2-10-2006 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Spra-Fin: Powder Coat Waste

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed Date 3-15-2006Inspector (signature) Charles J. Fee Date 2-10-2006



U.S. Environmental Protection Agency Resource Conservation and Recovery Act (RCRAInfo)

[Recent Additions](#) | [Contact Us](#) | [Print Version](#) EF Search: **GO**[EPA Home](#) > [Envirofacts](#) > [RCRAInfo](#) > Query Results

Query Results

[Report an Error](#)

Consolidated facility information (from multiple EPA systems) was searched to select facilities

Handler ID: Beginning With: pad002498632

Results are based on data extracted on FEB-12-2006

Note: Click on the underlined CORPORATE LINK value for links to that company's environmental web pages. Click on the underlined MAPPING INFO value to obtain mapping information for the facility.

[Go To Bottom Of The Page](#)

<u>HANDLER NAME:</u>	SPRA FIN INC	<u>HANDLER ID:</u>	PAD002498632
<u>STREET:</u>	177 WISSAHICKON AVE	<u>FACILITY INFORMATION:</u>	View Facility Information
<u>CITY:</u>	NORTH WALES	<u>CORPORATE LINK:</u>	No
<u>STATE:</u>	PA	<u>COUNTY:</u>	MONTGOMERY
<u>ZIP CODE:</u>	194540000	<u>MAPPING INFO:</u>	MAP
<u>EPA REGION:</u>	3		

CONTACT INFORMATION

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE OF CONTACT
JERRY MASCARO	177 WISSAHICKON AVE	NORTH WALES	PA	19454	2156999238	Public

HANDLER / FACILITY CLASSIFICATION

HANDLER TYPE
Small Generator

[Go To Top Of The Page](#)

Total Number of Facilities Displayed: 1

*Required Fields

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☒ NO ☐ If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)
012	262.A	S	FR 265.173(B)	4/14/2005
014	262.A	S	FR 262.34(A)	4/14/2005
016	262.A	S	FR 262.34(A)(1)	4/14/2005
21	262.B	S	262.34(A)	4/14/05
8	262.A	S		4/14/05

*Required Fields



EPA

EVALUATION - VIOLATION FORM

*EPA ID Number	PAD 002 498 632	EIN	
Handler Name	Spra-Fin, Inc.		
*Street	177 Wissachicken Ave.		
*City	North Wales	*State	PA
*Zip Code	19454		

Actual Generator Status <i>Check only if different from Notified Status</i>	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/> HW Transporter <input type="checkbox"/>
Generator Status Change Required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Generator Status Change Section (on reverse side of this form).
RCRA Non-Notifier?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).
Other Facility Information Changes	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).

*EVALUATION	Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			
*Type	*Date (mm/dd/yyyy)	*Agency	*Responsible Person	Branch
<input type="checkbox"/>	11/18/2005	State	CSE CTF	Waste WM
SNY <input checked="" type="checkbox"/>	SNN <input type="checkbox"/>	Comments: Clean-up On-going		
<small>Check only if making a SNC determination. If checked, do not fill in the Evaluation Type field.</small>				
Seq No.: <input type="text"/>				

VIOLATION	Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:			RTC Actual Date (mm/dd/yyyy)
			<input type="text"/>
			Seq. No.: <input type="text"/>

VIOLATION	Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:			RTC Actual Date (mm/dd/yyyy)
			<input type="text"/>
			Seq. No.: <input type="text"/>

VIOLATION	Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:			RTC Actual Date (mm/dd/yyyy)
			<input type="text"/>
			Seq. No.: <input type="text"/>

IR

EPA ID Number	PAD 002498632	Handler Name	Spha-Fin, Inc.	
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <small>A RTC Qualifier is required if entering a RTC Actual Date.</small>	<div style="border: 1px solid black; height: 20px;"></div>
Comments:				Seq. No.: <div style="border: 1px solid black; width: 50px;"></div>

VIOLATION Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			Link to Above Evaluation? <input type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <small>A RTC Qualifier is required if entering a RTC Actual Date.</small>	<div style="border: 1px solid black; height: 20px;"></div>
Comments:				Seq. No.: <div style="border: 1px solid black; width: 50px;"></div>

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? (Y/N)			If Yes, fill in information below		
Seq No.	*Regulation Citation (Type + Citation) <small>(ex., FR 262.1)</small>	*Agency	*Area	*Date Determined (mm/dd/yyyy)	
0007	40 CFR 262.11	S		4/14/2005	
0014	40 CFR 262.34(a)	S		4/14/2005	
0012	40 CFR 265.173(b)	S		4/14/2005	
0006	40 CFR 265.174	S		4/14/2005	
0009	40 CFR 262.34(a)(2)	S		4/14/2005	
0016	40 CFR 262.34(a)(3)	S		4/14/2005	
0011	25 PA Code 262a-20	S		4/14/2005	
0010	SWMA 6018.403(b)	S		4/14/2005	

HANDLER SECTION <small>(Must be Completed if Handler is a RCRA Non-Notifier)</small>					
Handler Name	<div style="border: 1px solid black; height: 20px;"></div>				
Contact	<div style="border: 1px solid black; height: 20px;"></div>				
Street	<div style="border: 1px solid black; height: 20px;"></div>				
City		State		Zip Code	
County	<div style="border: 1px solid black; height: 20px;"></div>				

GENERATOR STATUS CHANGE SECTION <small>(Complete Only if Generator Status Change is Required)</small>			
i. Indicate the Current Notified RCRA Info Generator Status:			
ii. Indicate the Actual Generator Status: <small>Note: Facilities who are required to notify MUST STILL submit a Notification Form</small>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>	
iii. Indicate the New Transporter Status: <small>(Fill out only if the facility requires a transporter status change)</small>		Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Highway <input type="checkbox"/> Rail <input type="checkbox"/> Other	Non-Transporter <input type="checkbox"/> <small>Check non-transporter if the facility is currently listed in RCRA Info as a transporter AND no longer transports hazardous waste.</small>



eFACTs 1503156

EPA

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT☐ **GENERATOR**☒ **S Q GENERATOR**Company name Spra-Fin, Inc.EPA I.D. Number PAD 002498632 Employer I.D. Number (EIN) _____Site Address 177 Wissahickon Ave, North Wales, PACounty Montgomery Municipality Upper Merion Twp Zip 19454Name of Inspector Charles FeesName & Title of Responsible Official George ChittendenPerson Interviewed _____ Telephone (215) 541-4488

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: Not Pounds _____ Kgsdetermined**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
-	Clean up On-going-	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spra-Fin, Inc. ID Number _____ Date 11-10-2005

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
			X	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
		X		Authorized transporters only	262a.10	262.12(c)	H003
		X		Subsequent notification requirements met	262a.12(b)		H004
		X		Proper manifest used	262a.10	262.21	H005
			X	Manifests filled out correctly and completely	262a.20		H006
			X	Manifests signed and routed properly	262a.23(a)	262.23	H007
			X	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
	X			Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
	X			Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
	X			Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
	X			Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
	X			Exception reporting procedures followed	262a.42	262.42	H016
	X			Spill reporting procedures followed	262a.10	262.34(d)	H017
		X		PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
	X			Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Spra-Fin, Inc. ID Number _____ Date 11-18-2005

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
			X	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
			X	Containers managed to prevent leaks	265a.1	265.173(b)	H029
		X		Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
			X	Container storage areas inspected at least weekly	265a.1	265.174	H031
		X		Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
		X		Proper containment and collection systems in place	265a.179		H033
		X		Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
			X	Containers clearly labeled with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
			X	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
			X	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD002498632
 Site Name: Spra-Fin, Inc.
 Address: 177 Wissahickon Ave.
North Wales, PA 19454
 Municipality: Upper Merion Twp.
 Responsible Official: George Chittenden
 Person Interviewed: _____
 Inspector: Charles Fees
 eFACTS ID #: PF _____ SF _____

Telephone #: 215 541-4488
 Operator Name: _____
 Address: _____
 County: Montgomery
 Title: President
 Title: _____
 Title: SWS

Inspection Date: 11/19/2005 Type: _____ No. of Violations: -2- Time: _____

Waste Description: <u>Powder Coat Waste</u>	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: _____
Type of Storage: <input checked="" type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility <u>Shipped off-site: Disposal receipts not available</u>	
Location: _____	Type: <u>at time of inspection</u>
Amount Generated: _____ lb./mo.	
Waste Description: <u>Waste debris: whole & broken wood pallets</u>	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility <u>- Not yet shipped -</u>	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	
Waste Description: _____	Waste Code: _____
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments	
Disposition: Destination Facility _____	
Location: _____	Type: _____
Amount Generated: _____ lb./mo.	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 11-18-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

On this date, Charlie Fees of the PA DEP conducted a hazardous and residual waste generator inspection.

The following observations were made:

1. Some of the waste, which was present during the inspection of 8-30-2004, had been removed. I observed that the 69 blue metal drums had been removed. These drums reportedly contained non-hazardous powder coat sludge.
2. Nicholas Brescia of the EPA informed me that many of the drums of waste, located *inside* the building, had been removed as well. (At time of inspection I could not verify this, as I did not have access to the inside of the building)
3. The EPA, who is overseeing this phase of the clean up, is in possession of receipts of disposal for the wastes that have been removed from the Spra-Fin property.
4. Inspection of the outside of the Spra-Fin plant revealed the following remaining wastes that need to be removed:
 - a) Approximately six (6) 55- gallon drums with the markings "EPA"
 - b) A large amount of residual waste debris in the form of scrap metal, wooden pallets, and pieces of wood lying in a disorganized manner, mostly at the east end of the property.
5. The Spra-Fin Company failed to respond in writing or phone to the Notice-of-Violation issued by the Department on May 24, 2005. However, President George Chittenden cited "lack of funds" as the reason Spra-Fin failed to remove the solid wastes at its property in North Wales, PA.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 11-18-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

6. Until all of the solid wastes have been removed from the Spra-Fin property, this company remains in violation of the following regulations:

40 CFR 262.34(a) "Generator (hazardous) waste accumulated on site for 90 days or less"

40 CFR 270.1(b) and (c) "Storage of hazardous waste without a permit from the Department"

25 PA Code 299.113(a) "All residual waste stored less than 1 year"

Until Spra-Fin, Inc. provides the Department with shipping manifests that accompanied the disposal of hazardous wastes disposed by Spra-Fin prior to April, 2005, this company remains in violation of the following regulations:

40 CFR 262.20(a) "Manifest used to document the transportation of hazardous waste to an offsite treatment, disposal or storage facility".

40 CFR 262.40(a) "Manifests retained for a minimum of 3 years.

Spra-Fin, Inc. should comply with the DEP and EPA regulations and correct the violations listed above.



This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed Date 12-20-05
Inspector (signature) Patricia Lee Date 11-18-05



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

NOV 18 2005

ENFORCEMENT FORM

Please attach to Evaluation - Violation Form

1580

*EPA ID Number			Handler Name			
PAD002498632			Spra - Fin			
*ENFORCEMENT Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>						
Seq No.	*Date Determined (mm/dd/yyyy)	*Agency	*Type	Branch	*Responsible Person	Attorney Initials
	5/24/2005	S	120	Waste	CTF	
Docket Number:						
Enforcement Notes: Notice of Violation						
Multimedia Enforcement Actions (Check all that apply)						
<input type="checkbox"/> AIR	<input type="checkbox"/> FIFRA	<input type="checkbox"/> TSCA PCB	<input type="checkbox"/> UIC	<input type="checkbox"/> WETLANDS		
<input type="checkbox"/> EPCRA	<input type="checkbox"/> SPCC	<input type="checkbox"/> UST	<input type="checkbox"/> WATER			

***VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION**

*Agency	*Area	Seq No	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier <small>An RTC Qualifier is required if entering a RTC Actual Date</small>	RTC Actual Date (mm/dd/yyyy)
S	GGR	0007	FR 262.11	4/14/2005	6/3/2005		
S	GGR	0008	FR 262.34(a)(14)	4/14/2005	6/3/2005		
S	GGR	-19	FR 265.51(a)	4/14/2005	6/3/2005		
S	GGR	0013	FR 265.171	4/14/2005	6/3/2005	c	8-30-05
S	GGR	0015	FR 265.173(a)	4/14/2005	6/3/2005	c	8-30-05
S	GGR	0012	FR 265.173(b)	4/14/2005	6/3/2005		
S	GGR	0006	FR 265.174	4/14/2005	6/3/2005		
S	GPT	0009	FR 262.34(a)(5)	4/14/2005	6/3/2005		
S	GPT	0016	FR 262.34(a)(3)	4/14/2005	6/3/2005		
S	GMR	0011	FR 262.20	4/14/2005	6/3/2005		
S	GGR	-18	FR 270.1(b)	4/14/2005	6/3/2005		

NOV, ENP

eFACTs Client = 7434 Env. ID = 197028

EPA



Pennsylvania Department of Environmental Protection

2 East Main Street
Norristown, PA 19401
May 24, 2005

Southeast Regional Office

Phone: 484-250-5960
Fax: 484-250-5961

NOTICE OF VIOLATION

CERTIFIED MAIL NO. 7001 2510 0005 8144 1784

Mr. Chittenden
Spra-Fin, Inc.
i/c/o Montgomery Powder Coating
218 East 6th Street
Red Hill, PA 18076

Re: Non-Compliance, Hazardous Waste Activity
Spray Fin, Inc.
Upper Gwynedd Township
Montgomery County

Dear Mr. Chittenden:

As a result of an inspection conducted on April 14, 2005, at the referenced facility, the Department of Environmental Protection (Department) has determined that Spray Fin, Inc., is in violation of the Solid Waste Management Act (SWMA), Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. Section 6018.101 et seq., the Hazardous Waste Management Rules and Regulations found at 40 C.F.R. Parts 260 to 270 incorporated by reference at 25 Pa. Code Chapters 260a to 270a and 25 Pa. Code Chapters 287 to 299 as follows:

- A. Spra-Fin failed to determine if the solid waste that it generates is a hazardous waste. This is contrary to 40 C.F.R. Section 262.11.
- B. Spra-Fin accumulated hazardous waste on-site for more than 90 days. This is contrary to 40 C.F.R. Section 262.34(a).
- C. Spra-Fin failed to have a preparedness, prevention, and contingency (PPC) plan for its facility. This is contrary to 40 C.F.R. Sections 265.51(a) and 262.34(a)(4).
- D. Spra-Fin failed to transfer hazardous waste from leaking or hazardous wastes containers not in good condition to a container that is in good condition. This is contrary to 40 C.F.R. Section 265.171.

Mr. Chittenden

- 2 -

May 24, 2005

- E. Spra-Fin failed to keep closed its containers holding hazardous waste. This is contrary to 40 C.F.R. Section 265.173(a).
- F. Spra-Fin failed to manage its containers holding hazardous waste in a manner to prevent leaks. This is contrary to 40 C.F.R. Section 265.173(b).
- G. Spra-Fin failed to conduct weekly inspections of its hazardous waste storage areas. This is contrary to 40 C.F.R. Section 265.174.
- H. Spra-Fin failed to mark its containers of hazardous waste with an accumulation "start" date. This is contrary to 40 C.F.R. Section 262.34(a)(2).
- I. Spra-Fin failed to mark its containers with a "hazardous waste" label. This is contrary to 40 C.F.R. Section 262.34(a)(3).
- J. Spra-Fin failed to prepare manifests for the transportation of hazardous waste for off-site treatment, storage, or disposal. This is contrary to 40 C.F.R. Section 262.20(a).
- K. By failing to accumulate hazardous waste in accordance with 40 C.F.R. Section 262.34, Spra-Fin has stored hazardous waste without first obtaining a permit from the Department. This is contrary to 40 C.F.R. Sections 270.1(b) and (c), and Section 401(a) of the SWMA.
- L. Spra-Fin failed to submit a residual waste biennial report to the Department by March 1, 2005, for its residual wastes generated in the year 2004. This is contrary to 25 Pa. Code Section 287.52(a).
- M. Spra-Fin failed to perform a waste analysis on its waste powder coat sludge. This is contrary to 25 Pa. Code Section 287.54.
- N. Spra-Fin failed to inspect its storage areas for residual wastes. This is contrary to 25 Pa. Code Section 299.112(c).
- O. Spra-Fin failed to ship its residual wastes off-site for disposal within one (1) year of its generation. This is contrary to 25 Pa. Code Section 299.113(a).
- P. Spra-Fin failed to affix a "residual waste" label to its containers of residual waste. This is contrary to Pa. Code Section 299.121(d).

The activities and conditions described in paragraphs A thru P above constitute unlawful conduct pursuant to Sections 302(a), 403(a), (b)(1)(2)(3)(5)(9)(10) and (11), 501(a), 610(2), (4), (6), and (9) of the SWMA; constitute a public nuisance pursuant to Section 601 of the SWMA; and may subject the offender to civil penalty liability pursuant to Section 605 of the SWMA.

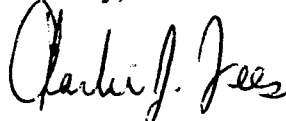
You are notified of both the existence of the violation(s) as well as the need to provide prompt correction. Failure to correct the violation(s) may result in legal proceedings under the SWMA. Under the Act, each day of the violation is considered a distinct and separate offense and will be handled accordingly.

It is suggested that by June 3, 2005, Spra-Fin should submit a report to the Department addressing the circumstances under which these violations occurred, and the actions it has undertaken to correct these violations and prevent their recurrence.

This Notice of Violation is neither an order nor any other final action of the Department. It neither imposes nor waives any enforcement action available to the Department under any of its statutes. If the Department determines that an enforcement action is appropriate, you will be notified of the action.

If you have any questions about this letter, please contact me at 484-250-5735.

Sincerely,

A handwritten signature in black ink, appearing to read "Charlie J. Fees".

Charlie Fees
Waste Management Specialist
Waste Management Program

Re 30 (GJS05)138



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

1000 10 1000

EVALUATION - VIOLATION FORM

*EPA ID Number	PAD 002490632	EIN	
Handler Name	Spru. Fin, Inc.		
*Street	177 Wissahickon Ave.		
*City	North Wales	*State	PA
*Zip Code	19454		
Actual Generator Status <small>Check only if different from Notified Status</small>	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/> HW Transporter <input type="checkbox"/>		
Generator Status Change Required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Generator Status Change Section (on reverse side of this form).		
RCRA Non-Notifier?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).		
Other Facility Information Changes	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).		

*EVALUATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>			
*Type	*Date (mm/dd/yyyy)	*Agency	*Responsible Person	Branch
	8/30/2005	S	CJF	Waste WM
SNY <input checked="" type="checkbox"/>	SNN <input type="checkbox"/>	Comments:		
<small>Check only if making a SNC determination. If checked, do not fill in the Evaluation Type field.</small>		Seq No.:		

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S	GGR	FR	40 CFR 265.171
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
4/14/2005	Waste WM	CJF	0
Comments: <u>damaged containers over packed</u>			RTC Actual Date (mm/dd/yyyy)
			8/30/2005
			Seq. No.: 0013

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S	GGR	FR	40 CFR 265.173(a)
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
4/14/2005	WM	CJF	0
Comments: <u>Hazardous waste containers closed</u>			RTC Actual Date (mm/dd/yyyy)
			8/30/2005
			Seq. No.: 0015

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>	
*Agency	Area	*Regulation Type	*Regulation Citation
S	GMR	FR	40 CFR 262.20(a)
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier
8/30/2005	Waste WM	CJF	<input checked="" type="checkbox"/>
Comments: <u>Manifest not used to document transportation of hazardous waste</u>			RTC Actual Date (mm/dd/yyyy)
			Seq. No.: 0017

Manifest not used to document transportation of hazardous waste

EPA ID Number	PAD 002490 632	Handler Name	Spha-Fin, Inc.
---------------	----------------	--------------	----------------

VIOLETION	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? <input type="checkbox"/>
-----------	------------------------------	---------------------------------	---------------------------------	--

*Agency	Area	*Regulation Type	*Regulation Citation		
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)	
			<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.		
Comments:				Seq. No.:	

VIOLETION	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? <input type="checkbox"/>
-----------	------------------------------	---------------------------------	---------------------------------	--

*Agency	Area	*Regulation Type	*Regulation Citation		
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)	
			<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.		
Comments:				Seq. No.:	

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? (Y/N)	<input checked="" type="checkbox"/> Y	If Yes, fill in information below
---	---------------------------------------	-----------------------------------

Seq No.	*Regulation Citation (Type + Citation) (ex., FR 262.1)	*Agency	*Area	*Date Determined (mm/dd/yyyy)
0007	40 CFR 262.11	S	GGR	4/14/2005
0008	40 CFR 262.34 (a)	S	GGR	4/14/2005
0010	40 CFR 265.173 (b)	S	GGR	4/14/2005
0006	40 CFR 265.174	S	GGR	4/14/2005
0009	40 CFR 262.34 (a) (2)	S	GPT	4/14/2005
0016	40 CFR 262.34 (a) (3)	S	GPT	4/14/2005
0011	25 PA Code 262.20	S	GHR	4/14/2005
0010	SWMA 6018.403 (b)	S	GGR	4/14/2005

HANDLER SECTION (Must be Completed if Handler is a RCRA Non-Notifier)				
Handler Name				
Contact				
Street				
City	State	Zip Code		
County				

GENERATOR STATUS CHANGE SECTION (Complete Only if Generator Status Change is Required)	
--	--

i. Indicate the Current Notified RCRA Info Generator Status:			
ii. Indicate the Actual Generator Status: Note: Facilities who are required to notify MUST STILL submit a Notification Form		LQG <input type="checkbox"/>	SQG <input type="checkbox"/> CESQG <input type="checkbox"/>
		Non-Handler <input type="checkbox"/>	Closed <input type="checkbox"/>
iii. Indicate the New Transporter Status: (Fill out only if the facility requires a transporter status change)	Transporter <input type="checkbox"/> If the transporter box is checked, you must check at least one mode of transportation below: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Highway <input type="checkbox"/> Rail <input type="checkbox"/> Other	Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRA Info as a transporter AND no longer transports hazardous waste.	

EPA

Inspection Date August 30, 2005

Time Start _____

Time Finish _____



eFACTs 1445700

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name Spra-Fin, Inc.EPA I.D. Number PAD002498632 Employer I.D. Number (EIN) _____Site Address 177 Wissahickon Ave. North Wales, PACounty Montgomery Municipality Upper Gwynedd Twp Zip 19454Name of Inspector Charles FeesName & Title of Responsible Official George Chittenden, PresidentPerson Interviewed " " Telephone (215) 541-4488

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: not Pounds _____ Kgs _____

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	- Clean up on-going -	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spra-Fin, Inc. ID Number PAD 002498632 Date 8-30-05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
			X	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
		X		Authorized transporters only	262a.10	262.12(c)	H003
		X		Subsequent notification requirements met	262a.12(b)		H004
		X		Proper manifest used	262a.10	262.21	H005
		X		Manifests filled out correctly and completely	262a.20		H006
			X	Manifests signed and routed properly	262a.23(a)	262.23	H007
		X		Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
		X		SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
		X		SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
		X		Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
		X		Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
		X		Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
		X		Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
		X		Exception reporting procedures followed	262a.42	262.42	H016
		X		Spill reporting procedures followed	262a.10	262.34(d)	H017
		X		PPC plan developed and implemented	262a.10	262.34(a)	H018
		X		Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
		X		Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Spra-Fin, Inc. ID Number _____ Date 8-30-05
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
			X	CONTAINERS (Subchapter I)			
			X	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
			X	Containers managed to prevent leaks	265a.1	265.173(b)	H029
		X		Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
			X	Container storage areas inspected at least weekly	265a.1	265.174	H031
		X		Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
		X		Proper containment and collection systems in place	265a.179		H033
				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
			X	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
			X	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
			X	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD 002498632
 Site Name: Spre-Fin, Inc.
 Address: 177 Wissahickon Drive
North Wales, PA 19454
 Municipality: Upper Merion Twp.
 Responsible Official: George Chittenden
 Person Interviewed: "
 Inspector: Charlie Fees
 eFACTS ID #: PF _____ SF _____

Telephone #: 215 541-4488
 Operator Name: _____
 Address: _____
 County: Montgomery
 Title: President
 Title: "
 Title: SWL

Inspection Date: 8/30/2005 Type: _____ No. of Violations: 5 Time: _____

Waste Description: Powder Coat Waste Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____

Type of Storage: ☒ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility - Not yet shipped -

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____

Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____

Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____

Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 8-30-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Introduction

On this date, Charlie Fees of the PA DEP, as well as Nicolas Brescia and Don McLaughin of the EPA, conducted a hazardous and residual waste generator inspection. George Chittenden granted access.

Background

Based on notification by the EPA of the presence of abandoned wastes, the Department conducted a hazardous waste inspection of Spra-Fin on April 14, 2005.

At that time (10), violations of the hazardous waste regulations were identified. There were large quantities of hazardous and residual wastes. (More than 300 containers total) The violations included lack of proper labeling, poor container condition, lack of inspections, and exceeding the 90-day time limit for the storage of hazardous wastes. During the inspection, George Chittenden said that the paint lines had operated at this location until May of 2004.

The EPA directed George Chittenden to immediately begin a safety consolidation, and then a proper characterization of all the abandoned wastes. The waste included those that appeared to be ignitable (D001) as well as corrosive (D002). After characterization, the wastes were to be transported to a facility that is permitted to accept such waste.

The Department issued a Notice-of-Violation ("NOV") to Mr. Chittenden of the Spra-Fin Company on May 24, 2005.

Mr. Chittenden did not respond in writing to the NOV.

The purpose of today's inspection was to determine if Spra-Fin, Inc. had corrected the violations and to determine if the company had shipped its wastes to a permitted disposal facility.

Nicolas Brescia, Don McLaughin and myself 1st visited Montgomery Powder Coat ("MPC"), which is located in Red Hill Boro, Montgomery County. MPC is located approximately 15 miles from Spray Fin, Inc. George Chittenden is the president of both companies.

We met George Chittenden at MPC at 1:30 pm. Then we drove to the Spra-Fin Company, arriving at 2pm.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed Date 10-12-05
Inspector (signature) Charlie Fees Date 8-30-05

Page 6 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 8-30-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Inspection

At the Spra-Fin Company, I observed that the hazardous wastes in the form of varnishes, paints, and thinners, had been removed from the outside trailers, and consolidated inside in the main building. The EPA personnel said that most of this waste had already been shipped offsite for disposal.

However there is much waste remaining at this site, including:

1. Approximately thirty (drums) of hazardous wastes listed as corrosive and/or ignitable. (The markings of one blue, plastic 55-gallon drum read: "Chrysoat" and a label indicating the presence of hydrofluoric & phosphoric acids, as well as diethylene glucol butyl ether)
2. Approximately 69 blue metal drums, which were unmarked. These drums, 1st identified during the inspection of 4-14-2005, are believed to contain non-hazardous powder coat sludge.

The EPA reported that George Chittenden of Spra-Fin contracted for the removal of some of the wastes. However the job was not completed. Mr. Chittenden cited lack of funds for the cessation of waste removal.

During today's inspection, Nick Brescia obtained from George Chittenden permission for the EPA to access the Spra-Fin property for the characterization and removal of the remaining hazardous wastes.



This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Charles J. Free ^{mailed} Date 10-12-05
Inspector (signature) Charles J. Free Date 8-30-05
Page 7 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 8-30-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Conclusion and Recommendations

The Department recommends that Spra-Fin, Inc. remove the remaining hazardous and residual wastes at its property located at 177 Wissahickon Ave, in Upper Gwynedd Twp., Montgomery County.

Spra-Fin, Inc. remains in violation of the following hazardous and residual waste regulations:

- 40 CFR 262.12 "Hazardous waste determination"
- 40 CFR 262.34(a) "Generator (hazardous) waste accumulated on site for 90 days or less"
- 40 CFR 262.34(a)(4) "Preparedness, prevention, and contingency (PPC) plan developed and implemented"
- 40 CFR 265.173(b) "Containers managed to prevent leaks"
- 40 CFR 265.174 "Container storage areas inspected weekly"
- 40 CFR 262.34(a) "Containers marked with an accumulation date..."
- 40 CFR 262.34(a)(3) "Containers labeled 'hazardous waste'."
- SWMA 6018.403(b)(2) "Containers labeled to accurately identify contents"
- 25 PA Code 299.113(a) "All residual waste stored less than 1 year"
- 25 PA Code 299.121(d) "Containers of residual waste labeled properly"

In addition, George Chittenden was unable to provide any manifests of disposal for any hazardous wastes disposed of by the Spra-Fin Company, at any time in the past. This is in violation of:

- 40 CFR 262.20(a) "Manifest used to document the transportation of hazardous waste to an offsite treatment, disposal or storage facility."
- 40 CFR 262.40(a) "Manifests retained for a minimum of 3 years."

I reviewed the results of this inspection with George Chittenden prior to my departure.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) *Charles J. Lee* *mailed* Date 10-12-05
Inspector (signature) *Charles J. Lee* Date 8-30-05
Page 8 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 8-30-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Charles Lee mailed Date 10-12-05
Inspector (signature) Charles Lee Date 8-30-05

Page ____ of ____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

1585

EVALUATION - VIOLATION FORM

*EPA ID Number	PAD 002498632	EIN	
Handler Name	Spra-Fin, Inc.		
*Street	177 Wissahickon Ave		
*City	North Wales	*State	PA
		*Zip Code	19454
Actual Generator Status <small>Check only if different from Notified Status</small>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/> HW Transporter <input type="checkbox"/>	
Generator Status Change Required?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Generator Status Change Section (on reverse side of this form).	
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).	
Other Facility Information Changes		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).	

*EVALUATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>
*Type	*Date (mm/dd/yyyy)
CEI	4/14/2005
*Agency	*Responsible Person
S	CTF
Branch	Waste WM
SNY <input type="checkbox"/> SNN <input type="checkbox"/>	Comments:
<small>Check only if making a SNC determination. If checked, do not fill in the Evaluation Type field.</small>	
Seq No.:	

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>
*Agency	Area	*Regulation Type
S	GGP	FR
40 CFR 262.11		
*Date Determined (mm/dd/yyyy)	Branch	*Person
4/14/2005	WM Waste	CTF
Return to Compliance (RTC) Qualifier		RTC Actual Date (mm/dd/yyyy)
A RTC Qualifier is required if entering a RTC Actual Date.		
Comments: No hazardous waste determination		Seq. No.: 0007

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>
*Agency	Area	*Regulation Type
S	GGP	FR
40 CFR 262.34(a)		
*Date Determined (mm/dd/yyyy)	Branch	*Person
4/14/2005	WM Waste	CTF
Return to Compliance (RTC) Qualifier		RTC Actual Date (mm/dd/yyyy)
A RTC Qualifier is required if entering a RTC Actual Date.		
Comments: Waste not removed within 90 days		Seq. No.: 0008

VIOLATION	Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>	Link to Above Evaluation? <input checked="" type="checkbox"/>
*Agency	Area	*Regulation Type
S	GGP	FR
40 CFR 262.34(a)		
*Date Determined (mm/dd/yyyy)	Branch	*Person
4/14/2005	WM	CTF
Return to Compliance (RTC) Qualifier		RTC Actual Date (mm/dd/yyyy)
A RTC Qualifier is required if entering a RTC Actual Date.		
Comments: PPC Plan not developed or implemented		Seq. No.: 0014

JUL 15 2005

✓

✓

112

EPA ID Number		PAD 002498632		Handler Name		Spra-Fin, Inc.	
VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>				Link to Above Evaluation? <input checked="" type="checkbox"/>			
*Agency	Area	*Regulation Type	*Regulation Citation				
S	GOR	FR	40 CFR 265.171				
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier		RTC Actual Date (mm/dd/yyyy)		
4/14/2005	Waste	CJF	<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.				
Comments: Containers of hazardous waste not in good condition							Seq. No.: 0013

VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>				Link to Above Evaluation? <input checked="" type="checkbox"/>			
*Agency	Area	*Regulation Type	*Regulation Citation				
S	GOR	FR	40 CFR 265.173(a)				
*Date Determined (mm/dd/yyyy)	Branch	*Person	Return to Compliance (RTC) Qualifier		RTC Actual Date (mm/dd/yyyy)		
4/14/2005	Waste	CJF	<input type="checkbox"/> A RTC Qualifier is required if entering a RTC Actual Date.				
Comments: Containers of waste Not kept closed							Seq. No.: 0015

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? (Y/N)				If Yes, fill in information below			
Seq No.	*Regulation Citation (Type + Citation) (ex., FR 262.1)	*Agency	*Area	*Date Determined (mm/dd/yyyy)			

HANDLER SECTION (Must be Completed if Handler is a RCRA Non-Notifier)							
Handler Name							
Contact							
Street							
City		State		Zip Code			
County							

GENERATOR STATUS CHANGE SECTION (Complete Only if Generator Status Change is Required)							
i. Indicate the Current Notified RCRAInfo Generator Status:							
ii. Indicate the Actual Generator Status:				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/>			
Note: Facilities who are required to notify MUST STILL submit a Notification Form.				Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the New Transporter Status:		Transporter <input type="checkbox"/>			Non-Transporter <input type="checkbox"/>		
(Fill out only if the facility requires a transporter status change)		If the transporter box is checked, you must check at least one mode of transportation below:			Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.		
<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Highway <input type="checkbox"/> Rail <input type="checkbox"/> Other							



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

1565

JUL 15 2005

Additional VIOLATIONS
(Attach to Evaluation - Violation Form)

EPA ID Number PAD002498632 Handler Name Spru-Fin, Inc.

VIOLATION Add ☒ Change ☐ Delete ☐ Link to Above Evaluation? ☒

Agency S Area GOR Regulation Type FR Regulation Citation 40 CFR 265.173(b)

Date Determined (mm/dd/yyyy) 4/14/2005 Branch WM Person CJF Return to Compliance (RTC) Qualifier ☐ A RTC Qualifier is required if entering a RTC Actual Date. RTC Actual Date (mm/dd/yyyy)

Comments: Leaking Containers of Waste

Seq. No: 0012

VIOLATION Add ☒ Change ☐ Delete ☐ Link to Above Evaluation? ☒

Agency S Area GOR Regulation Type FR Regulation Citation 40 CFR 265.174

Date Determined (mm/dd/yyyy) 4/14/2005 Branch WM Person CJF Return to Compliance (RTC) Qualifier ☐ A RTC Qualifier is required if entering a RTC Actual Date. RTC Actual Date (mm/dd/yyyy)

Comments: No inspections being done

Seq. No: 0006

VIOLATION Add ☒ Change ☐ Delete ☐ Link to Above Evaluation? ☒

Agency S Area GPT Regulation Type FR Regulation Citation 40 CFR 262.34(a)(2)

Date Determined (mm/dd/yyyy) 4/14/2005 Branch WM Person CJF Return to Compliance (RTC) Qualifier ☐ A RTC Qualifier is required if entering a RTC Actual Date. RTC Actual Date (mm/dd/yyyy)

Comments: No accumulation 'start' dates

Seq. No: 0009

VIOLATION Add ☒ Change ☐ Delete ☐ Link to Above Evaluation? ☒

Agency S Area GPT Regulation Type FR Regulation Citation 40 CFR 262.34(a)(3)

Date Determined (mm/dd/yyyy) 4/14/2005 Branch WM Person CJF Return to Compliance (RTC) Qualifier ☐ A RTC Qualifier is required if entering a RTC Actual Date. RTC Actual Date (mm/dd/yyyy)

Comments: No "hazardous waste" labels

Seq. No: 0016



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Additional VIOLATIONS
(Attach to Evaluation – Violation Form)

EPA ID Number Handler Name

PAD 002498432

Spa-Fin, Inc.

VIOLATION Add ☒ Change ☐ Delete ☐

Link to Above Evaluation? ☒

Agency Area Regulation Type

Regulation Citation

S

GGR

SS

SWMA 6018.403(B)

Date Determined
(mm/dd/yyyy)

Branch

Person

Return to Compliance (RTC)
Qualifier

RTC Actual Date
(mm/dd/yyyy)

4/14/2005

WM Waste

CJF

A RTC Qualifier is required if
entering a RTC Actual Date.

Comments:

Containers not labeled to identify contents

Seq. No:

0010

VIOLATION Add ☒ Change ☐ Delete ☐

Link to Above Evaluation? ☒

Agency Area Regulation Type

Regulation Citation

S

GMR

SR

25 PA Code 262a.20

Date Determined
(mm/dd/yyyy)

Branch

Person

Return to Compliance (RTC)
Qualifier

RTC Actual Date
(mm/dd/yyyy)

4/14/2005

WM

CJF

A RTC Qualifier is required if
entering a RTC Actual Date.

Comments:

Manifests not available for review

Seq. No:

0011

VIOLATION Add ☐ Change ☐ Delete ☐

Link to Above Evaluation? ☐

Agency Area Regulation Type

Regulation Citation

Date Determined
(mm/dd/yyyy)

Branch

Person

Return to Compliance (RTC)
Qualifier

RTC Actual Date
(mm/dd/yyyy)

A RTC Qualifier is required if
entering a RTC Actual Date.

Comments:

Seq. No:

VIOLATION Add ☐ Change ☐ Delete ☐

Link to Above Evaluation? ☐

Agency Area Regulation Type

Regulation Citation

Date Determined
(mm/dd/yyyy)

Branch

Person

Return to Compliance (RTC)
Qualifier

RTC Actual Date
(mm/dd/yyyy)

A RTC Qualifier is required if
entering a RTC Actual Date.

Comments:

Seq. No:



EPA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4-14-05
Time Start 1:30
Time Finish 4:30

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR

☒ S Q GENERATOR

Company name Spra-Fin Inc. I.D. Number PAD 002498632
Site Address 177 Wissahickon Ave. North Wales, PA 19454
County Montgomery Municipality Y. Gwynedd Twp. Zip
Name of Inspector Charles Fees
Name & Title of Responsible Official George Chittenden, President
Person Interviewed " Telephone ()
Mailing Address (if different from above)

Amount of Hazardous Waste Generated per Month: not Pounds Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types

3. Hazardous Waste Transporters:

Transporter Name License Number

Transporter Name License Number

Transporter Name License Number

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	- Clean-up Commenting -	
	- Waste not yet shipped off site -	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spry - Fin ID Number PAD 002498632 Date 4-14-05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS – SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Sprig-Fin, Inc. ID Number _____ Date 4-14-05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD 002498632Site Name: Spru-En Inc.Address: 177 Wicahickon DriveNorth Wales, PAMunicipality: Upper Merion TownshipResponsible Official: George ChittendenPerson Interviewed: Charlie FeesInspector: Charlie Fees

eFACTS ID #: PF _____ SF _____

Inspection Date: 4/14/2005 Type: _____

Telephone #: _____

Operator Name: _____

Address: _____

County: MontgomeryTitle: President

Title: _____

Title: SWsNo. of Violations: - 4 - Time: _____Waste Description: Powder Coat Waste Waste Code: _____Treatment: ☐ Yes ☒ No Type: _____Type of Storage: ☒ Containers ☐ Tanks ☐ Piles ☐ ImpoundmentsDisposition: Destination Facility - not yet shipped -

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

Page 5 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 4-14-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

Introduction

On this date, Charlie Fees conducted a hazardous and residual waste generator inspection.

This inspection was the result of a notification by the EPA of a discovery of many containers of wastes and products that were found to be in poor condition, with odors and some leaking reported.

The EPA lists Spra-Fin, Inc. as a small quantity generator (SQG) of hazardous wastes.

Inspection

I arrived at the site at 1:30 pm. The Spra-Fin Company is located between Wissahickon Ave. and the railroad tracks, in Upper Gwynedd Twp. At the site, I met the following persons:

Nicolas Brescia -- EPA on-scene emergency coordinator
Frank Shimer -- worker for Spra-Fin/Montgomery Powder Coat Co.

Also present were two technicians from an EPA contacting firm.

I learned that spray paint activities (conventional and powder coating) occurred at this Spra-Fin plant until May of 2004. At time of today's incident and inspection, the plant was largely inactive. That is, the two (2) paint lines are idle, and there are only 1 or 2 workers remaining to run the building. The building is currently being used as a warehouse.

We conducted a survey of the various containers of wastes and products present at this facility. Containers of wastes and products were found at several locations throughout the property. This included two (2) trailers, a shed, an outdoor storage pen, and inside the plant itself.

(Results on next page)

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) Charlie J. Fees Date 4-14-05

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 4-14-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

(Inspection, continued...)

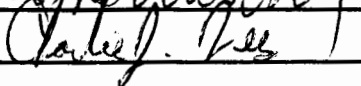
The following wastes and products were observed:

Wastes observed	Location
■ Seven (7) blue, metal 55-gallon drums marked with faded "hazardous waste" labels	Outdoor storage pen east of the plant
■ Sixty-nine (69) blue metal drums which were unmarked.	" "
■ Approx. 250 cans of paints, enamels, catalysts, thinners and related substances, ranging in volume from 1 to 5 gallons. Some of these displayed "flammable" labels or hazard diamonds. This trailer emanated a paint and solvent odor. Many of these containers were rusted, and the contents of some containers had oozed past the lid, and spilled on the trailer floor. These were former products; none displayed waste labels.	A long, white trailer behind the plant, near the railroad tracks. The rear doors of the trailer were marked "flammable liquids"
■ Approx. 50 containers ranging from 1 to 5 gallons As well as two (2) 55-gallon drums. There were three 5-gallon containers with no lids and containing chemicals. These containers stored chemicals similar to those described in the preceding group.	A long, white trailer in front of and east of the plant (near trees)
■ A large box containing a grayish paint sludge	" "
■ A blue plastic 55-gallon drum marked with the words "chrysoat" and a label indicating hydrofluoric & phosphoric acids, as well as diethylene glucol butyl ether	Inside the plant

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Date 5-3-05Inspector (signature) Date 4-14-05

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 4-14-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

(Inspection, continued...)

The conditions observed in the preceding section are in violation of the following EPA and state regulations.

- 40 CFR 262.12 "Hazardous waste determination"
- 40 CFR 262.34(a) "Generator waste accumulated on site for 90 days or less"
- 40 CFR 262.34(a)(4) "Preparedness, prevention, and contingency (PPC) plan developed and implemented"
- 40 CFR 265.171 "Containers of hazardous wastes in good condition"
- 40 CFR 265.173(a) "Containers (of hazardous wastes) kept closed..."
- 40 CFR 265.173(b) "Containers managed to prevent leaks"
- 40 CFR 265.174 "Container storage areas inspected weekly"
- 40 CFR 262.34(a) "Containers marked with an accumulation date..."
- 40 CFR 262.34(a)(3) "Containers labeled 'hazardous waste'."
- SWMA 6018.403(b)(2) "Containers labeled to accurately identify contents"

After we had surveyed the wastes and chemicals, Mr. George Chittenden joined us. He is the president of "Montgomery Powder Coatings", the sister company to Spra-Fin, Inc.

Mr. Chittenden said that the Spra-Fin, Inc. has occupied this site since 1963. This company stopped operation of its paint lines in May, 2004. This North Wales plant is now being used as a warehouse, with possible plans to restart the paint lines in the future. Mr. Chittenden admitted that the wastes have been on this site for longer than 1 year and that some of the products (whose containers are in poor condition) may have been on site for well over 10 years.

Mr. Chittenden maintained that, up to the time of today's incident, his company had been in the process of organizing and disposing of its outdated and unusable products. However, at time of inspection, he was unable to provide any receipts of disposal for wastes generated by the Spra-Fin Company. The failure to provide evidence of waste disposal is contrary to the following regulation:

- 40 CFR 262.20(a) "Manifest prepared as required..."

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)  Date 5-3-05Inspector (signature)  Date 4-14-05Page 8 of 9

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 4-14-2005 Identification Number PAD 002498632Company/Facility/Site Name Spra-Fin, Inc.

(Inspection, continued...)

Mr. Chittenden said that the waste disposal shipping manifests for the Spra-fin Company were removed from the site at a prior date, and that he will try to locate them as soon as possible.

Nick Brescia of the EPA directed Mr. Chittenden to contract an environmental consultant to begin the inventory and waste characterization process of the many wastes, which Spra-Fin needs to ship offsite for disposal. At 4:00 pm, a services representative from Philip Services, Inc. arrived to provide an estimate for waste removal. Because of the flammable nature of many of the wastes, the EPA directed the Spra-Fin Co. to remove all the wastes from the trailers, and place them inside the building.

Mr. Chittenden said he would contact me when the waste shipping manifests have been located.

I left the site at 4:30 pm.

Summary and Conclusion

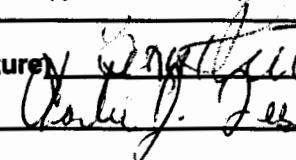
In summary, the Spra-Fin Company is in violation of the all the regulations cited on the preceding page.

It is recommended that the Spra-fin Company continue the process of contracting an environmental consultant for the purpose of characterizing its solid wastes, and then disposing them at a facility that is permitted to accept such waste.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Date 5-3-05Inspector (signature) Date 4-14-05



U.S. Environmental Protection Agency Resource Conservation and Recovery Act (RCRAInfo)

[Recent Additions](#) | [Contact Us](#) | [Print Version](#)

EF Search:

[EPA Home](#) > [Envirofacts](#) > [RCRAInfo](#) > [Query Results](#)

RCRAInfo

Query Results

Consolidated facility information (from multiple EPA systems) was searched to select facilities

Handler ID: Beginning With: pad002498632

Results are based on data extracted on APR-09-2005

Note: Click on the underlined CORPORATE LINK value for links to that company's environmental web pages. Click on the underlined MAPPING INFO value to obtain mapping information for the facility.

[Go To Bottom Of The Page](#)

<u>HANDLER NAME:</u>	SPRA FIN INC	<u>HANDLER ID:</u>	PAD002498632
<u>STREET:</u>	177 WISSAHICKON AVE	<u>FACILITY INFORMATION:</u>	View Facility Information
<u>CITY:</u>	NORTH WALES	<u>CORPORATE LINK:</u>	No
<u>STATE:</u>	PA	<u>COUNTY:</u>	MONTGOMERY
<u>ZIP CODE:</u>	194540000	<u>MAPPING INFO:</u>	MAP
<u>EPA REGION:</u>	3		

CONTACT INFORMATION

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE OF CONTACT
JERRY MASCARO	WISSAHICKON AVE	NORTH WALES	PA	19454	2156999238	Public

HANDLER / FACILITY CLASSIFICATION

HANDLER TYPE
Small Generator

[Go To Top Of The Page](#)

Total Number of Facilities Displayed: 1

